

Claim for Damages



This Box is For Official Use Only.

Instructions: (1) Complete this form giving specific details about your damage or loss. Include dates, times, witnesses and supporting documents. (2) Sign the form. (3) Return completed form with original signature to **King County Clerk of the Council, Room W-1039, King County Courthouse 516 Third Avenue, Seattle, WA 98104.** Pursuant to RCW 42.56 any documents submitted with this claim form are public records subject to disclosure.

County Claim Number / Clerks Date Stamp

Name: _____
First, Middle, Last (or business name)

Address: _____
(Home or business) City State Zip

Business Phone: _____ **Home Phone:** _____ **Message / Cell Phone:** _____

Date of Incident: _____ **Time of Incident:** _____ **Amount Claimed: \$** _____

Location of loss/incident: _____

Description of Details (Describe how the loss / incident occurred): _____

(Additional space provided on next page if necessary).

Contractors Involvement (if possible, please identify the name of the contractor involved):

Witnesses (please provide addresses and phone numbers):

(1) _____ (2) _____ (3) _____

Was a Police Report Filed? _____ What Agency? _____ Case # _____

Property Damage (please describe the value and extent of the damage to your home, automobile or property. Attach estimates, bills or whatever documentation of damages you may have): _____

Auto _____ Make _____ Year _____ License _____ Insurance _____ Policy _____
Model _____ Number _____ Name _____ Number _____

Were you injured? **No** **Yes** If yes, then complete the following: **Note: We will contact you to obtain medical bills and records.**

Describe your injury (Identify your doctors(s)/healthcare provider(s)): _____

Are you still receiving medical treatment? **Yes** **No** **Employer:** _____

Wage Loss? **Yes** **No** If Yes, rate of pay: _____ **Type of work:** _____

" I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

(Date and Place (City, State))
Brightwater Claim Form (Rev 02/07)

Signature

This Space provided for additional information if needed.